

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
7	/						57				
11		/					61				
15		/					64	-			
21							71				
25		/					77				
33		/					89				
41		/					99				
49		/					100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				